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Bib Data Sheet

CONFIRMATION NO. 3795

SERIAL NUMBER 09/978,132	FILING DATE 10/16/2001 RULE	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. IR 6562-02	
APPLICANTS Steven Curtis Zicker, Lawrence, KS; Karen J. Wedekind, Meriden, KS; ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/922,660 08/06/2001, <i>abandoned.</i> WHICH CLAIMS BENEFIT OF 60/244,504 10/31/2000 AND CLAIMS BENEFIT OF 60/253,448 11/28/2000 ** FOREIGN APPLICATIONS ***** <i>none</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/02/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		STATE OR COUNTRY KS	SHEETS DRAWING	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 7
ADDRESS 23909					
TITLE Composition and method					
FILING FEE RECEIVED 1368	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 3795

SERIAL NUMBER 09/978,132	FILING DATE 10/16/2001 RULE	CLASS 426	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. IR 6562-02
APPLICANTS Steven Curtis Zicker, Lawrence, KS; Karen J. Wedekind, Meriden, KS;				
** CONTINUING DATA ***** This application is a CIP of 09/922,660 08/06/2001 which claims benefit of 60/244,504 10/31/2000 and claims benefit of 60/253,448 11/28/2000. <i>Abandoned</i>				
** FOREIGN APPLICATIONS ***** <i>None</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/02/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY KS	SHEETS DRAWING 0	TOTAL CLAIMS 29
Verified and Acknowledged Examiner's Signature <i>PS</i> Initials		INDEPENDENT CLAIMS 7		
ADDRESS 23909				
TITLE ANTIOXIDANT CONTAINING COMPOSITION AND METHOD				
FILING FEE RECEIVED 1368	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	